

SERIAL: <b>09/334,049</b>	FILING DATE <b>06/15/99</b>	<b>382</b>	GROUP ART UNIT <del>2323</del> <b>2623</b>	ATTORNEY DOCKET NO. <b>3656/PDC</b>
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APPLICANT

**ARIEL BEN-PORATH, REHOVOT, ISRAEL.**

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

VR

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

VR

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

VR

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/13/99**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <b>ILX</b>	SHEETS DRAWING <b>8</b>	TOTAL CLAIMS <b>30</b>	INDEPENDENT CLAIMS <b>4</b>
Verified and Acknowledged <u>VR</u> Examiner's Initials _____ Initials _____					

ADDRESS

**PATENT COUNSEL MS/2666  
LEGLA AFFAIRS DEPT  
APPLIED MATERIAL INC  
P O BOX 450A  
SANTA CLARA CA 95052**

*cust. number 32588*

TITLE

**HYBRID INVARIANT ADAPTIVE AUTOMATIC DEFECT CLASSIFICATION**

FILING FEE RECEIVED  <b>\$1,018</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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